

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO**  
**APPLICATION FOR HEALTH PERMIT/INSPECTION**  
**CATERER/MFPU/MOBILE TRUCKS/PUSH CARTS**  
2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN  
APPROVAL FROM THIS DIVISION BEFORE OPERATING.**

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

FORMER OWNER/BUSINESS NAME OF VEHICLE \_\_\_\_\_

(DBA) DOING BUSINESS AS  
(IF DIFFERENT FROM OWNER NAME) \_\_\_\_\_

BUSINESS  
MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME OF COMMISSARY (PROVIDE COMMISSARY AGREEMENT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

***IF COMMISSARY IS OUTSIDE SAN LUIS OBISPO COUNTY (PROVIDE COPY OF HEALTH PERMIT)***

CIRCLE TYPE OF VEHICLE: CATERER MFPU MOBILE PUSHCART

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ VEHICLE LICENSE \_\_\_\_\_

LIST MAIN OPERATING LOCATION(S), INCLUDING SPECIAL EVENTS, BELOW:

TYPE OF FOOD ITEMS SOLD: \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

RECORD ID # \_\_\_\_\_ PROGRAM # \_\_\_\_\_ ELEMENT \_\_\_\_\_ DISTRICT \_\_\_\_\_

AMOUNT DUE \_\_\_\_\_ ( ) PAID ( ) STILL OWES

( ) CASH ( ) CHECK # \_\_\_\_\_ INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT EXPIRATION DATE SET TO \_\_\_\_\_

STATEMENT OF COMMISSARY USE ATTACHED: YES NO N/A

COPY OF HEALTH PERMIT (IF OUTSIDE SLO COUNTY): YES NO N/A

CHANGE IN COMMISSARY IN PAST YEAR: YES NO